

BEHAVIOR TREATMENT &
TRAINING CENTER (BTTC)
Outreach and Day Treatment, Programs
Texana Center
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## **SUPPORT SB2204**

My name is Christie Enzinna, I am a licensed psychological associate and board certified behavior analyst who has been working in the field of developmental disabilities in the Houston area since 1979.

I work for Texana Center in Rosenberg. We are an MHMR Center devoted to providing expertise in applied behavior analysis to children and adults with developmental disabilities and autism spectrum disorder. Texana Center employs 17 Board Certified Behavior Analysts and over the years has built a reputation for being able to maintain their clients in the community by offering effective applied behavior analysis services to address behavior challenges and deficits. We do that by employing the correct professional to implement ABA programs, and that is the Board Certified Behavior Analyst, or BCBA.

I have spent hours over the years consulting in a number of public school districts in the Houston area, both for individual students and for staff training, classroom consultation. In addition to consulting I also manage the Texana Behavior Treatment and Training Center Outreach Program where parents bring their children to a clinic for 1.5 hour appointments twice a week to work directly with a Board Certified Behavior Analyst on whatever challenges they are having, with the goal of keeping their family together and avoiding institutionalization. Parents come to us for help because their child might have aggressive behaviors, or self-injury, or they haven't learned to talk yet, or they aren't learning at school as the parent thinks they should be, or they can't perform their own basic self-care skills. The parents participate in those treatment sessions for about 3-5 months and we teach them how to maintain a positive relationship with their child, teach their child new skills, and avoid aggressive or disruptive behaviors. As the parent learns how to effectively interact with and teach their child they often ask if we could show the school how to do what we are doing. We encourage the parents to bring whomever they want to the treatment sessions, including school teachers but few teachers ever have the opportunity to attend.

In January 2004 I also opened a full time day treatment program for children with autism. The children attend the program instead of going to school until they learn the skills necessary to be able to learn from a school environment. It is a treatment facility, not an alternative school although we teach a lot of academics in the course of teaching "learning" skills. That day treatment program received one of the DARS grants in April 2008 as one of four demonstration projects.

So I have a lot of experience with demonstrating very successful treatment effects with children with autism and then having the challenge of trying to maintain those effects into a public school setting.

ABA treatment is clearly established through the literature and research as the treatment of choice for the children with autism. You can read the research, you can talk to the parents, you can look at the kids and see that we are making a tremendous difference in the lives of these children. It is not easy work,

however. That is why the parent training is such an intricate part of the treatment. We don't "fix" the child, we teach the child to respond appropriately to his or her environment but we must make certain that the environment supports their appropriate behaviors. We set the bar high for every child. Research shows that a little less than 50% of the children who receive intensive ABA 30-40 hours per week for approximately 2 years under the age of 6 will make enough progress to be indistinguishable from their peers in school. That is our objective for every child who enters our treatment and if it doesn't look like the child is learning at a rate that will accomplish that goal, then as behavior analysts we are making modifications in that child's individualized treatment plan to get maximum success.

ABA is a very precise, very individualized treatment approach which requires the expertise of a professional who has a graduate degree in behavior analysis. It is not something just anyone can pick up on and implement effectively, and the results of saying a child is receiving ABA treatment from someone who is not the correct professional can be the difference between a child who is indistinguishable, talking, playing, learning, and the child who cannot speak who is still in diapers at age 10. We owe it to our children with autism to provide them with the most effective treatment from the correct professionals.

Now, ABA treatment is expensive, everyone knows that. But that is all the more reason that we want to insure that when a child does have the opportunity to learn through an intensive ABA program that he will be given the opportunity to maintain his skills through a planned transition back into the public school setting. Unfortunately we have years of demonstrating that this is not going to take place without legislative direction.

Over the years I have met many children whose parents listened to the very poor advice to give public school a try before spending the money on a private ABA program. Precious time is wasted as the child who cannot learn from his environment is subjected to a public school classroom which relies heavily on group learning through educational experiences. The parents who can afford to pull their children out will then send them to an ABA treatment program and be amazed at all their child can learn. Now we are a treatment facility not a school and we are very data based, so as soon as we can demonstrate that the child now can learn in small group instruction we are anxious for the child to return to a typical school setting.

Before the child goes into his school classroom we must insure that the child has the skills necessary to be successful in that precise classroom setting and that the school staff know how to support the child so that he continues to display appropriate behavior and does not regress back to his old ways. This means the behavior analyst needs to go observe the classroom and talk with the school staff and develop an individualized transition plan. This means the school staff need training and supervised experience interacting with the child before the child is just dropped off in a novel environment.

At the Texana BTTC we have a very precise transition plan all written out, complete with the data that will indicate if the transition is progressing successfully or not, but the public schools do not understand the importance of a transition and often won't even let us observe the classroom before or after the child starts. As a result, parents sacrifice tremendously to maintain their child in the ABA treatment program as long as financially possible and then have no option but to return to public school where they will try on their own to influence the school staff to continue the successful interventions but often meet tremendous resistance as they are not allowed to observe in the classroom and are frequently told the classroom has their own procedures which all the children must follow.

Through our outreach program, where the children have not been pulled from school, we started offering one free consult in the school to go show the teachers how we teach the child or manage their behavior. We started doing this because the parents were so desperate about how to get the information to their

teachers. The schools will not pay for us to come in and show them how to work with the child and they will not allow the parents to pay for us to come in and show them how to work with the child, so we offer the one free consult which sometimes catches the attention of individual teachers enough that they follow up with at least emailing for more information. The reception we get during this one visit into the classroom varies and depends on the individual teacher.

For the 5 year period 2003-2008 I had a grant from the Texas Council for Developmental Disabilities to teach ABA procedures to teachers. It was free training by an experienced BCBA to the districts and we had a very hard time giving it away. We need SB2204 because without legislative mandates the Texas public schools continue to demonstrate that they are not going to acknowledge that the children with autism spectrum disorder need ABA treatment, or that the correct professional to provide ABA treatment is a Board certified Behavior Analyst, or that there must be a transition plan and a follow-up procedure to monitor continued success for those children fortunate enough to have the opportunity to attend an ABA treatment program.

I am very thankful that our Texas Legislature is making efforts to help the children with autism. I know there is a lot of confusing information out there about autism and autism treatment. I urge you to please stay focused on the legitimate research and to rely heavily on the expertise of the professional behavior analyst. In Texas we have a professional organization for behavior analysts, called the Texas Association for Behavior Analysis (TxABA). Within that professional group we have a very active TxABA Autism Special Interest Group (TxABA Autism SIG). These professionals should be called upon to assist in providing direction for establishing effective treatment for all children with ASD within the state.

April is autism Awareness month. I hope all of you will make the time to tour an ABA treatment facility and talk with a Board Certified Behavior Analyst about our experiences working with children with autism. It is amazing what ABA can do for these kids. It breaks our hearts when every child doesn't get the opportunity. It really breaks our hearts to make a lot of progress with a child and then have that child return to us a year or two later with total regression because of a lack of understanding at their school on what was needed to continue to progress. The children don't need to continue in the intensive, expensive ABA treatment after they have learned the basic learning skills. They can successfully be transitioned back into a public school, but the school must be able to provide the correct supportive environment. The child can learn in the public school setting if the school will work cooperatively with the behavior analyst in the transition from ABA treatment to public school education.

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Please go to <u>www.txaba.org</u> or <u>www.bacb.org</u> to locate local certified behavior analysts who would be helpful in developing a Texas plan to get effective treatment to all children with ASD.



## Behavior Treatment and Training Center Community Programs A Program of the Developmental Disabilities Division of Texana Center

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## **Summary of BTTC Community Programs**

- 1. Outreach Program: Short term behavior analysis services to assess behavior, develop effective intervention strategies, and train care providers/educators in the implementation of the intervention strategies. Services provided typically in 1-2 hour treatment sessions in the BTTC clinic. Services in the school need to be contracted through the school. Treatment typically concluded within 3-5 months. Treatment hours typically will not exceed 4 hours per week. The outreach program cannot provide ongoing long-term training of the individual, but can consult with and train private staff, school staff, and family members to provide the long-term training. Individuals served must meet the priority population definition. To qualify for ability to pay rates, individuals must reside within the Texana Center catchment area of Ft. Bend, Austin, Colorado, Waller, Matagorda, or Wharton counties, there must be a DMR from a Texas MHMR Center and a current (completed annually) ability to pay form. Individuals outside of these counties purchase the services on an hourly basis. Contact: David Whitcher, M.A. 281-239-1328; Toll free 1-866-483-9262 x1328 David.whitcher@texanacenter.com
- 2. Comprehensive Children's Day Treatment Program: Services provided for private pay supplemented at this time with a grant from the Department of Assistive and Rehabilitative Services (DARS). The day treatment program provides 6.5 hours of intense ABA training for children ages 3-8 years with a diagnosis of one of the pervasive developmental disorders, 5 days a week. Families must pay a monthly tuition. The Day Treatment Program is not an alternative education program and is not TEA certified. Training is provided one on one as needed to teach the child in the areas of behavior management, social skills, academics, communication, and classroom inclusion. A major emphasis is training the child to be able to function in more natural classroom and community environments without the need for one on one. The DARS grant allows for a ratio of 4 BCBA's to work with 25 children, including parent training and transition services. Contact: Ellen Catoe at 281-239-1497, ellen.catoe@texanacenter.com www.bttcdaytreatment.com
- 3. Adolescent Day Treatment Program: Services provided for private pay for children age 9 and older. Recognizing the unique needs of the child with autism as (s)he grows through adolescence and into young adulthood, the BTTC Day Treatment Program makes a distinction between the young children's program and the program for adolescents age 9 and older. This program is for the adolescents with autism spectrum disorder who continue to require precise teaching using the skilled techniques of ABA in order to maintain appropriate behavior and to acquire new skills. An individualized treatment

